

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1, 2, 3,	1234567	1-1-93 (T)
O.I.P.E. CLASSIFIER		14	1/16/93
FORMALITY REVIEW	DS	65083	7/13/93 8/24/93

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	Original
2	1
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here